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Title: A collaborative approach to developing student placements in care homes

Abstract

If high quality person-centred care is to be provided for older people with complex needs, it is essential that nurse education should aim to extend students' knowledge and skills in long-term care, and integrated health and social care. Northumbria University, local care homes and NHS organisations have collaborated to develop integrated, cross-sector practice placements that support this learning for student nurses. While there have been challenges in developing these placements, initial feedback is positive, suggesting the placements promote improved inter-organisational working and learning for staff as well as students.

Introduction

Historically older people's nursing has been viewed as unattractive, repetitive and unskilled work (Neville *et al* 2014). This is reinforced in care home (CH) nursing which is widely viewed as low status (Thompson *et al* 2016a). However, nursing in the CH sector is increasingly recognised as complex and challenging as a consequence of the resident population presenting with multimorbidity, increasing acuity, frailty and end of life care needs (European Commission 2015). NHS England's *Five Year Forward View* (2014), and Lord Willis' *Raising the Bar: Shape of Caring Review* (2015) highlight the care needs of the older population, and emphasise that person-centred care requires integrated working across health and social care, and across NHS and CH sectors. Therefore, nurse education, including practice placements, should prepare graduate nurses to practice in, and lead, integrated health and social care services.

CH placements are often situated in the first year of nurse education programmes, and aim to develop students' fundamental care skills. This means that students undertaking these placements may not have the aptitude or opportunity to develop insight into the complexity of CH care, or how CHs fit into the integrated health and social care agenda. Brynildsen *et al* (2014) propose that problems arise in cases where students are not well supported by CH staff or expert university staff. The authors argue that in these circumstances, students are less likely to maximise placement potential to support learning about the complexities of long-term care nursing.

In recognition of these issues Northumbria University (NU), in partnership with local CHs and CCGs set up a placement steering group to develop a third year placement programme. The programme uses a tripartite approach to student-centred learning, drawing on support from the university, CHs and NHS services (Thompson *et al* 2016b). This is an opportunity for senior students to develop competencies in older people's care as well as integrated care. The aims of the programme are:

- to enhance students' understanding of person-centred care
- to develop students' skills in caring for older people with complex needs in long-term care settings
- help students to gain insight into the skills required to understand, lead and improve integrated working.

Placement development

Development of the placement was initially informed by findings from a Florence Nightingale Foundation travel scholarship undertaken by Juliana Thompson, A senior lecturer at NU. Part of the scholarship involved visiting the University of Arkansas for Medical Sciences (UAMS) to observe and investigate how UAMS' practice placements support undergraduates to understand and develop the skills required to provide quality care in the CH setting, and within an integrated health and social care approach.

UAMS offer an eight week summer externship to senior students interested in gerontology nursing. Students are required to apply for places, and selection is based on their commitment to developing skills to provide high quality care for older people. Students work closely with advanced practitioner registered nurses (APRNs) and multi-disciplinary teams (MDT), and assist with current research projects. Additionally, the externs gain experience in leadership opportunities and exploring the effect of health policy on care. An informal evaluation of the externship (Souder *et al* 2012) suggests that because of the application process and the excellent learning opportunities offered, it has become a prestigious programme and attractive prospect, as well as methods of enhancing students' skills. The informal evaluation also suggests that situating the programme in the senior year reinforces the idea that gerontology nursing is complex and multi-faceted. These features of the externship contribute to portraying older persons' nursing as an exciting, highly skilled and appealing career.

The NU model

UAMS' practice placement model was integral to the development of the NU placement. The placement steering group agreed that the UAMS recruitment method of requesting applications would be appropriate for the NU placement, as this ensures students undertaking the placement are interested in, and committed to, care of older people. Also, the application process injects an element of prestige. The placement is located in the senior year, but the decision was made to make this a 'leadership and management' experience with a duration of 21 weeks. This longer experience enables students to develop skills in managing complex care of individuals and groups over an extended period, and also have an opportunity to engage in, and value, the concept of long-term care. In addition, students are able to gain an in depth understanding of how services are commissioned, and the challenges and benefits of providing integrated care. As this is a new, extended placement, the decision was made to run a pilot in the first year, with six students. This would enable the steering group, and all stakeholders participating in the pilot to address any challenges arising, and reflect on the placement before introducing it across the education programme.

The placement is structured so that students spend 50% of their placement based in a nursing CH with a CH nurse mentor, and the other 50% working with an older person nurse specialist (OPNS) mentor – a specialist or advanced practitioner employed by the NHS but who works with, and supports, CHs. Each student has a named university contact who provides support for the student and both mentors. As well as these two learning bases, a wide range of other learning opportunities are offered including working with CCG lead nurses, commissioners of services, the local 'enhanced health in CHs' Vanguard team, regional managers for CHs, frailty nurses, MDTs, GPs and GP nurse practitioners, quality monitoring services, and various voluntary organisations. The students are encouraged to develop their own contacts and networks, and participate and take the lead in disseminating their experiences via local and national conferences and discussion groups. Opportunities to assist university research teams

undertaking gerontology research studies are also offered. Additionally, university staff regularly hold action learning sets (ALS) for students. The ALS approach provides a supportive environment in which the students can discuss and reflect on challenging issues that arise, and develop action plans aimed at addressing and solving those challenges (Wilson *et al* 2008).

Before the pilot began, preparatory work was undertaken by the steering group. This included holding focus group discussions with third year students to gain insight into their expectations and concerns about CH based placements, completing educational audits of CHs that had expressed an interest in the project, and publicising the project to the student body. Choice of CH placements was informed by the results of the educational audits, the most recent CQC reports and local knowledge provided by CCGs and OPNSs, and CH regional managers. Students were chosen on the basis of their application statements and informal interviews with members of the steering group and managers from the participating CHs.

Relevance to practice: Reflecting on the NU model's first year of implementation

Since implementing this placement, several institutions and organisations from around the UK have contacted NU and our partners for advice about developing similar placements. Now that the first year of the project has come to an end, the steering group and participating stakeholders have offered feedback and reflections, with the aim of explaining the benefits and challenges of developing the placement experience. This will be useful for other organisations planning their own placements.

Benefits: Primarily, outcomes for students and mentors, and for inter-organisational working and learning have been positive. Students have enhanced their knowledge and understanding of multi-morbidities, frailty and dementia, and the complexity of care needed to manage these conditions. The placement also offered opportunities for the students to develop skills and confidence in autonomous working, and leading and managing care delivery. They have also fully participated in MDT working and been valued as team members:

We have offered the opportunity for student nurses to deal with situations which gives them the experience to be autonomous, to lead teams and to work together with multidisciplinary teams in equal partnership (Ruth Todd: Regional Manager, Four Seasons)

The main challenge for me was the reality of not having a doctor or other HCP on site or in an office at the end of the ward to rely on. This has meant however, that I was able to improve my own clinical decision making skills....My experience and confidence working with the MDT members improved dramatically; suddenly professionals sought out and valued my opinions. This was a reversal of hospital hierarchy sometimes experienced by student nurses, which often leaves them feeling at the end lower end of the scale and was a real boost to my confidence (Catherine Burn: Student nurse)

A significant outcome of the placement was that the students developed a much greater understanding of health and social care systems, in particular, how care is commissioned and funded, what services are available and how to access these, how to negotiate care transitions between sectors and services, and the benefits and challenges of developing and implementing integrated care:

This is a great opportunity for students to see how the NHS, private sector and local authority work together to commission services for older people within the community (Ruth Marshall: Clinical Quality Lead Nurse, North Tyneside CCG)

I've experienced a wide range of opportunities I wouldn't have had in the hospital...I've been able to work with CCG and people who make decisions about how care is funded, and what services are provided. I've also had opportunity to work with different voluntary services (Catherine Burn: Student nurse)

Importantly, the experience enhanced students' appreciation of the meaning of holistic care. Some of the students said that this appreciation had changed their views of what defines quality nursing care:

As students and professionals we need to look behind the mask of ageing, disability and illness to truly see the person within. This is the essence of person-centered care. To connect with people on an equal basis can lead to a sense of meaning for both the carer and the cared for. I know that caring for older adults can result in a fulfilling and enriching career path (Sarah Wears: Student nurse)

I am so glad and forever grateful to have been part of this placement. It has made me into a better nurse than I ever thought I could be (Jess Hawthorn: Student nurse)

Within the nursing home, the concept of holistic care truly does underpin practice....nurses need to really know their residents and their life history, to understand their holistic needs and not just their medical needs. The experience has totally changed my perception of what it means to be a nurse (Catherine Burn: Student nurse)

For CH mentors, outcomes have also been positive. For example, supporting students in this environment gave them an opportunity to showcase and demonstrate to the outside world their skills and knowledge in managing and leading complex care:

Students have understood the difficulties of looking after complex older people in this environment, which is often not understood (Nadine Cosgrove: RN, Prestwick Care)

CHs are no longer the typical older person's residential setting, most homes support people with a variety of physical and mental health needs and the majority of people living in a CH have multiple comorbidities...we offer a good all round experience of what it's like to be a nurse in a CH and to show what nursing is truly about-skilled nursing, delivered with genuine care and empathy (Ruth Todd: Regional Manager, Four Seasons).

The students were also a catalyst for promoting closer working relationships and learning opportunities between sectors and organisations. This was particularly important for CH nurses who can be rather isolated:

Nurses within this environment often work in isolation and the student brought ideas from other areas that we could discuss. It was interesting to hear what she learnt when out with OPNS. It has brought us opportunities for networking which has been great and helped with the functioning of the home (Nadine Cosgrove: RN Prestwick Care)

Challenges: Despite the positive outcomes suggested by this feedback, implementing the placement model has been challenging. For example, although mentorship updates and courses were taken up by the participating CH nurses, there is still a mentor shortage. As students spent 50% of their time with OPNSs, this may not be too problematic, as the OPNSs all have mentor status. However, we were concerned that this may compromise one of the purposes of the placement - to support students to understand and value the role of the CH nurse – a role which is often undervalued. By assigning mentor status to OPNSs only, despite students being based in CHs for much of their placement, we may have reinforced this undervaluing. As we move forward, university staff, OPNSs and CH staff need to work together to support mentorship training for CH nurses. However, the new NMC Education Framework which proposes a change from mentor assessment to a system of practice supervision and a separate practice assessor role may facilitate CH placements more easily.

In most of the pilot homes, staffing has been consistent and stable. However, attrition of mentors has occurred. Strategies to minimise the effect of this have included extra support from university staff, OPNSs, CCG nurse leaders, and clinical educators. Perhaps the most useful strategy however, has been the use of ALS as a means of developing students' problem-solving skills and resilience to challenging events.

Health Education England (HEE) is responsible for providing payment to organisations that support student placements. Payment is based on a tariff system. Some CH providers have queried the tariff allocated to the CH sector. They have identified that, in organisations where small numbers of students are placed, the tariff does not cover the cost of supporting these students. While the government has stated that there will be funding to support additional student placements, perhaps consideration for alternative/additional funding arrangements needs to be made where circumstances do not allow for economies of scale.

A driver for the NU placement model is the need for an integrated health and social care system and the development of a workforce that can work across organisational boundaries (Thompson *et al* 2017). NHS England's nursing and midwifery strategy *Leading change: Adding value* (2016a) recognises and values the contribution of CH nurses to the provision of an integrated care system. However, nurses working within CHs do not always have access to the same support and education as their NHS counterparts (Cook *et al* 2016). These inequalities contribute to the negative perception of CH work and culture (Thompson *et al* 2016a). Recently, recommendations have been made about provision of training to upskill CH staff (NHS England 2016b). Alternatively, CH staff could access the same continuing professional development opportunities that NHS staff have, and attend training alongside NHS staff. This could contribute to developing a culture conducive to integrated care.

Students undertaking the placement have expressed interest in working in CHs in the future, but have been reluctant to begin their careers as registrants in this environment. A major contributing factor is the lack of structured preceptorship programmes. While some independent CH providers do provide preceptorship support, this is not standard across the sector. This is something that would need to be addressed if CHs wish to retain the students undertaking this placement experience or attract newly qualified nurses.

The future

Due to the overall success of the pilot placement, we plan to continue and extend these placement opportunities. With the support of the Gateshead Vanguard, NT CCG, and CH managers and OPNSs who work with us, we have been able to promote the programme around the region. This has resulted in several providers and CHs expressing interest in supporting students. Expanding the programme will require an extended support network for both students, CHs and NHS mentors. This will be achieved by appointing a practice placement facilitator (PPF) for the independent sector, employed by the university. The PPF will be supported by a practice learning team consisting of university staff with expertise in the care of older people, and practice educators from both the NHS and independent sector.

Although third year students have been the focus of the initiative to-date, we are developing short two week CH placements for first year student nurses. The focus of this placement is to support students' understanding of person-centred care and apply the concept to practice, to develop communication skills with older people who have sensory and/or cognitive impairments, and gain insight into the complexities of CH care. During this placement, students will be 'matched' with individual residents. Under supervision, they will engage in activities that promote physical, social, psychological and emotional wellbeing for the resident, understand the importance of recognising and respecting the needs of family and friends of the resident, and understand the importance of the need to develop therapeutic nurse/person relationships. They will also use the VERA (validate, empathy, reassure, activity) framework as a communication tool for people living with dementia (Blackhall *et al* 2011), and contribute to the assessment of sensory needs. They will engage in MDTs, and use tools that can support person-centred care such as life story work. As this is a short, non-assessed formative experience, the steering group feel that the aims may be achievable in residential CHs as well as nursing CHs. This possibility is being investigated. Preparing both students and CH staff for this placement is imperative if it is to be successful. All nursing students at NU are required to become 'dementia friends' by undertaking the Alzheimer's Society training session delivered by university staff. During this session, staff explain the aims of the placement, and its contribution and value to their learning. Students are also given a schedule detailing learning opportunities and learning outcomes, and how these relate to the required competencies for first year students. Members of the steering group visit CH staff to discuss the placements aims and possible learning activities that will support students to achieve these aims.

This paper reports on the progress of the project and on informal reflections and feedback provided by the stakeholders involved. However, it is important that in the near future, we undertake a comprehensive research study to investigate the effect of the placement on students' learning, the experiences of other stakeholders involved in the programme, and on the quality of care for residents.

Conclusion

If high quality person-centred care is to be provided for older people with complex needs, it is essential that nurse education should support skill development in, and understanding of, long-term care and integrated health and social care. By engaging in a cross-organisational collaboration, NU and CH and NHS partners have developed a placement approach that is supporting this learning for student nurses. Feedback about the approach suggests it is also a catalyst for improved inter-organisational working and learning for staff as well as students. There are challenges however, but by ensuring students and staff are properly prepared before the start of the placement, and by stakeholder organisations and staff demonstrating commitment and mutual support, many of these challenges can be addressed.

Please access our video about the student placement at: <https://vimeo.com/229857727>

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